LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740 Physical Address: 915 Emmet Street, Petoskey, MI 49770 Phone: (231) 242-1620 / Fax: (231) 242-1635

CHILDCARE ASSISTANCE REINSTATEMENT FORM

Applicant Name:						
Has there been a change to ☐Yes ☐No If yes, plea	your name, address or t se complete the appropr		nber since your initial a	pplication	was completed	1?
Name:						
Mailing Address:						
Physical Address:						
Home Telephone:			Work Telephone:			
Please list all eligible childr	en requiring child care					
Child's Na	ame	Birth Date	Social Security #	Sex	Tribal #	Current Age
Have there been any chang	•		_		_	ed?
	ase complete the approp		(If there has been a cha	ange in inc	come, please	
include p	roof of income for the la	st 30 days)				
Name	Social Security #		Action: Explain Cl	hange	N	ew Wage
1						
1						
2		_				
Please briefly describe circ	umstances leading to the	einterruption	in child care services:			
Who provided your child c	are during your absence	from the pro	gram?			
Will you be using the same	provider approved on y	our initial app	olication? Yes No)		
I certify that all the answer						
information provided will						
agreed upon in my initial household income within						and/or
misrepresentation is con-						ogram.
3. 3p. 323		., p. 000			12 u p10	. J
	pplicant/Participant Signatu	ure			Date	
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